



CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <b>150642</b>		3. This Statement covers: from <b>7/21/14</b> to <b>8/26/14</b>	
2. Committee Name <b>committee to elect Tom Heret</b>		4. Candidate Last Name <b>Heret</b> First Name <b>Thomas</b> M.I. <b>M</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>5th District County Commissioner</b> 4b. County of Residence <b>BAY</b>	
5. Committee's Mailing Address <b>1606 30th Bay City, MI 48708</b> Area Code and Phone <b>(989) 892-6924</b> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address <b>Christine Heret</b> Area Code & Phone <b>(989) 892-6924</b>	
7. Treasurer's Business Address <b>1606 30th Bay City, MI 48708</b> Area Code and Phone <b>(989) 892-6924</b>		8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)  Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <b>8/5/14</b>		9c. <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly  9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)  9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item, I/we certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no rates fees or has any outstanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Effective date of dissolution _____  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/we certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record Keeper <b>Christine Heret</b> , <b>Christine C Heret</b> Date <b>8/24/14</b> Type or Print Name Signature			
Candidate <b>Thomas M. Heret</b> , <b>Thomas M Heret</b> Date <b>9/9/14</b> Type or Print Name Signature			



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

SUMMARY PAGE  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150642  
2. Committee Name Committee to Elect Tom Heber

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>800.34</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>800.34</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>800.34</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>800.34</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>3300.34</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>111.20.</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>800.34</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>911.54</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>800.34</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>111.20</u>	



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 150642

2. Committee Name \_\_\_\_\_

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 7/25/14

Name & Address:

Thomas Herck

1606 30th

Bay City, MI 48708

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer Bay County

Business Address 515 Center Ave, Bay City, MI 48708

Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser

\$ 800.34 \$ 800.34

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt \_\_\_\_\_

Name & Address \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt \_\_\_\_\_

Name & Address \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt \_\_\_\_\_

Name & Address \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

800.34

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

800.34

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150642

2. Committee Name \_\_\_\_\_

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Dornbo's Printing</u> Address <u>1131 E. Genesee</u> <u>Saginaw, MI</u> <u>48603</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/25/14</u> Date	<u>\$ 800.34</u>
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

800.34

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

800.34

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 150642

2. Committee Name committee to elect Tom HEREK

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or <input checked="" type="checkbox"/> Corp? <input type="checkbox"/> Yes  CHRISTINE HEREK 1606 30th Bay City, MI 48708	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>5/15/12</u> 6. Original Amount of Debt: <u>\$ 1500<sup>00</sup></u>	11/16/12 \$ 800 <sup>00</sup> 11/21/12 \$ 200 <sup>00</sup> \$ \$ \$	\$ 1000 <sup>00</sup>	\$ 500 <sup>00</sup> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or <input checked="" type="checkbox"/> Corp? <input type="checkbox"/> Yes  CHRISTINE HEREK 1606 30th Bay City, MI 48708	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>9/1/12</u> 6. Original Amount of Debt: <u>\$ 1500<sup>00</sup></u>	\$ \$ \$ \$ \$	\$ -0-	\$ 1500 <sup>00</sup> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or <input checked="" type="checkbox"/> Corp? <input type="checkbox"/> Yes  THOMAS HEREK 1606 30th Bay City, MI 48708	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>10/12/12</u> 6. Original Amount of Debt: <u>\$</u>	\$ \$ \$ \$ \$	\$	\$ 500 <sup>00</sup> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2500<sup>00</sup>

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

2500<sup>00</sup>

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number

150642

2. Committee Name

Committee Elect Tom Herck

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Thomas Herck 1606 30th Street Bay City, MI 48708	4. Type: LOAN 5. Date Debt Was Incurred: 7/25/2014 6. Original Amount of Debt: \$ 800.34	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt:	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt:	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

3300.34

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

3300.34

Enter this total  
on line 12a "owed  
by" or line 12b  
"owed to" of the  
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.